



NEWS RELEASE

City of Sedona • 102 Roadrunner Drive • Sedona, AZ 86336 • 928-204-7119 • Fax: 928-282-7207

For Immediate Release

Date: March 26, 2012
Contact: Audree Juhlin
Phone: 928/204-7107
Fax: 928/282-5238

CITY OF SEDONA ACCEPTING APPLICATIONS FOR OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

The City of Sedona has received federal Community Development Block Grant (CDBG) funding from the Arizona Department of Housing to provide housing repair services to approximately ten low-to-moderate income homeowners within the City of Sedona, with repairs for each home ranging between \$3,000 and \$15,000. The City and Northern Arizona Council of Governments (NACOG) are administering the grant. ***NACOG and the City of Sedona are currently accepting applications to participate in the program.***

The income limit for a single-person household in Yavapai County is \$32,350; for a 2-person household is \$36,950; and for a 4-person household is \$46,150. Income limits may vary if your home is located in Coconino County; please contact Tracy Bouvier, NACOG CDBG Program Specialist, at (928) 213-5240 for further information.

Applications are available from the City of Sedona Community Development Department, 102 Roadrunner Drive, Sedona, AZ, 86336, Monday through Friday between 8 a.m. and 5 p.m., or by contacting Tracy Bouvier, NACOG CDBG Program Specialist, at (928) 213-5240 or tbouvier@nacog.org.

Applications must be received by 5:00 pm on April 30, 2012, to be considered for this round of funding. Priority will be given to the elderly, disabled, and families with children under 18 years of age.

The City of Sedona and NACOG are Affirmative Action and Equal Housing Opportunity employers and provide for Equal Housing Opportunity.





March 26, 2012

Dear Applicant:

Thank you for your interest in the City of Sedona Owner-Occupied Housing Rehabilitation program.

The City of Sedona has received federal Community Development Block Grant (CDBG) funding from the Arizona Department of Housing to provide housing repair services to approximately ten (10) low-to-moderate income homeowners in Sedona, with repairs for each home ranging between \$3,000 and \$15,000. The City of Sedona and Northern Arizona Council of Governments (NACOG) are administering the grant.

The income limit for a single-person household is \$32,350; for a 2-person household is \$36,950; and for a 4-person household is \$46,150. If your home is located in Coconino County, please contact Tracy Bouvier, NACOG CDBG Program Specialist, at (928) 213-5240 for further information regarding income limits.

Please return your completed application to the City of Sedona, Community Development Department, 102 Roadrunner Drive, Sedona, AZ 86336, or to Tracy Bouvier, NACOG/CDBG, 119 E. Aspen Ave., Flagstaff, AZ 86001. In order to determine your eligibility for services, your application and all necessary supporting documents must be received at either location **by 5:00 pm on April 30, 2012**, in order for you to stay qualified for this round of funding. Supporting documents include, but are not limited to, the following:

1. Income Calculation Form (attached to the application form), completed and signed;
2. Verification of Income form, if applicable (attached to the application form);
3. Verification of Social Security Benefits, if applicable (attached to the application form);
4. Verification of Zero Income, if applicable (attached to the application form);
5. Copies of social security cards for all household members;
6. Verification of Public Assistance, if applicable (attached to the application form);
7. Verification of Disability, if applicable (attached to the application form);
8. Copy of deed as proof of home ownership;
9. Copy of most recent property tax statement; and
10. Proof of current homeowner's insurance.

If you have further questions regarding this program, please contact Tracy Bouvier, Program Specialist, by phone at (928) 213-5240, or by e-mail at tbouvier@nacog.org.

We look forward to receiving your application.

Sincerely,

A handwritten signature in blue ink, appearing to read "Audree Juhlin".

Audree Juhlin

Assistant Director, Community Development Department



City of Sedona
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
APPLICATION

Applications will be received by:
Tracy Bouvier, NACOG, CDBG Program Specialist
119 E. Aspen Ave., Flagstaff, AZ 86001
(928) 213-5240

Date: _____ Do you own your own home and land? ____ Yes ____ No (if No, not eligible for program)

Applicant Name: _____

Street Address/Directions: _____

Mailing Address: _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Message Phone _____

1. HOUSEHOLD COMPOSITION AND INCOME

- A. List the head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head of household.

Name	SSN	Relation	Birth Date	Age	Sex
1		Head HH			
2					
3					
4					
5					
6					
7					

- B. List any and all household members who are disabled (verification of this information is required)

NAME	TOTAL OR PARTIAL	DESCRIBE

- C. **Race of Head of Household:** (Please check one and only one): ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native & White
☐ Black/African American & White ☐ American Indian/Alaskan Native & Black/African American ☐ Other Single or Multi Racial
- D. **Is the Head of Household of Hispanic Ethnicity?** (circle one) Yes No
- E. **Is the Head of Household a Single Parent?** (Circle One) Yes No
- F. **For each type of income that your household receives, give the source of the income and the amount of income received from that source during the past 12 months.** Sources of income include but are not limited to wages, cash, unemployment, alimony payments, welfare assistance, social security pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments, and interest of over \$50 per month from savings, stocks, bonds, and certificates of deposit.

Household Member	Source of Income	How Verified	Amount of Income
1			
2			
3			
4			
5			
6			
7			
		Total Household Income	

2. CONDITION OF HOME

A. What repairs are needed on your home? State briefly in column that best describes the condition of the home.

Home Elements	Works Some/ Needs minor repairs	Not Work at all/ Needs major repairs	My home does not have...
Electrical hazard			
Plumbing			
Sewer lines			
Roofing			
Foundation			
Floors			
Walls			
Ceilings			
Windows			
Doors			
Water heater			
Furnace			
Vermin or rodent infestation			
Porches/steps			

Additional Comments:

- B. Year the home was built: _____
- C. Is your home a mobile home? (You must own home and land) Yes _____ No _____
- D. How long have you lived in the home? _____years, _____months.

PRIVACY ACT NOTICE STATEMENT – The information on this form is being collected to determine your eligibility for assistance through the Arizona Department of Housing CDBG Grant, to manage the Owner-Occupied Housing Rehabilitation Program, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PERMISSION TO RELEASE INFORMATION - I give permission to NACOG to release information in my application as necessary to obtain services on my behalf by making necessary referrals to community and State agencies. As necessary, my family and significant others may be contacted with regard to this application.

PRINCIPAL RESIDENCE - I/we certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as the principal residence.

DEFERRED PAYMENT LOAN - I/we agree not to sell the property listed on this application for a period of five (5) years from completion of construction if the investment is under \$15,000. If the investment is \$15,000 or over, I/we agree not to sell the property listed on this application for a period of ten (10) years from completion of construction. I/we agree that should title to the property change within the applicable five(5) or ten(10) year period, I/we will repay the City of Sedona the pro-rated amount as set forth in the Owner-Occupied Housing Rehabilitation Guidelines. I/we agree that if within the time period stated above the property is sold by either my estate or my heirs, the person or estate selling the property will repay NACOG as stated above. I/we further agree that if the house is no longer my/our primary residence or rented to another party, the loan may be called due and payable.

GRIEVANCE PROCEDURES - I/we have received a copy of the Housing Rehabilitation Program Grievance Procedures.

CERTIFICATIONS - I/we certify that the information in this form is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years if I/we furnish false or incomplete information. I/we also understand that in the event the information is found to be incorrect I/we may become ineligible for the assistance provided.

WARNING - By signing this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certifications and statements.

Signature (Head of Household)

Date

Signature (Spouse/Co-Head of Household)

Date

Signature of Person Assisting with this Form

Date



CITY OF SEDONA
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
GRIEVANCE PROCEDURE

This process has been created by the City of Sedona to resolve any complaints resulting from the Owner-Occupied Housing Rehabilitation Program administered by the City. The owner is given a copy of procedures and signs a statement of receipt. If assistance is needed in processing a complaint, the City Program Administrator may be contacted at (928) 204-7107 and reasonable assistance will be arranged.

A. Informal Complaint

1. An informal complaint can be filed with the City's Program Administrator through verbal notification of the complaint.
2. The Program Administrator will review the complaint and attempt to resolve the complaint through negotiation.
3. The complainant will be notified of the proposed resolution within 5 working days of the complaint.
4. If the proposed resolution is not satisfactory to complainant, a formal complaint may be filed.

B. Formal Complaint

1. Formal complaints shall be made in writing and directed to the Community Development Director of the City of Sedona.
2. The Community Development Director shall review the complaint and attempt to resolve the complaint through negotiation.
3. The Community Development Director will notify the complainant, in writing, of the proposed resolution within 10 working days of the receipt of the complaint.
4. If the resolution proposed by the Community Development Director is not satisfactory to the complainant, an appeal can be made. Appeals must be in writing and directed to the City Manager of the City of Sedona. Appeals must be filed within 5 working days of receipt of the Director of Community Development's decision.
5. The City Manager will review the complaint as appropriate. Review of the complaint may include an informal hearing of the parties involved. The City Manager will make a decision regarding the complaint, in writing, within 30 days of receipt of the appeal.
6. The City Manager's determination is final.

Attachments to be included with this application:

- 1. Annual Income Calculation Form**
- 2. Verification of Employment (if applicable)**
- 3. Verification of Social Security Benefits (if applicable)**
- 4. Verification of Public Assistance Income (if applicable)**
- 5. Verification of Zero Income (if applicable)**
- 6. Verification of Disability (if applicable)**

EMPLOYMENT VERIFICATION

APPLICANT - Fill out top portion only – we will follow up with employer only if you are selected to receive assistance

EMPLOYER NAME: _____

ADDRESS: _____

PHONE: _____

RE:

Applicant Name

Applicant's Address

City, State

Zip Code

The individual named above has applied for assistance that is subsidized through the Department of Housing and Urban Development and the State of Arizona. Federal and State regulations require that in order for the individual/family to be eligible, we must verify the family income. The individual has authorized your release of the requested information.

I authorize my employer, _____, to release my
(Name of company, organization)

income information in order to determine eligibility for the Housing Rehabilitation Program.

Authorization of Release: _____ Date _____
(Signature of Applicant/Employee)

EMPLOYER please fill out the following:

Date of Employment _____ **Position** _____

Current Rate of Regular Pay \$ _____ **per** _____ (hour, week, month)

Number of hours per week/month employee normally works _____

Employee's Supervisor (Print Name)

Date

Employee's Supervisor (Signature)

Date

Your prompt reply is appreciated. A self addressed envelope has been included for your convenience.

VERIFICATION OF: Social Security Benefits

<p>(Name of HOME Participating Jurisdiction)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Social Security Benefit Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Social Security Data</p> <p>_____ Date of birth</p> <p>_____ Gross monthly Social Security Benefit amount, type of benefit</p> <p>_____ Gross monthly Supplemental Security Income payment amount (including state supplement), type of benefit</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

VERIFICATION OF ZERO INCOME

CITY OF SEDONA OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

I, _____, have applied for assistance with the City of Sedona Owner Occupied Housing Rehabilitation Program.

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____.

I applied for _____ (other financial assistance) on _____ (date).

I understand that it is my responsibility to report any change in income, from any source, within 10 business days after such change.

I verify that all statements regarding my income are true.

Signature: _____ Date: _____

Witness: _____ Date: _____

City of Sedona Notes:

VERIFICATION OF: Public Assistance Income

<p>(Name of HOME Participating Jurisdiction) _____</p> <p>AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<table border="1"> <thead> <tr> <th>Public Assistance Data</th> <th>Rate per Month</th> </tr> </thead> <tbody> <tr> <td>Number in family: _____</td> <td></td> </tr> <tr> <td>Aid to Families with Dependent Children</td> <td>\$ _____</td> </tr> <tr> <td>General Assistance</td> <td>\$ _____</td> </tr> <tr> <td>Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Amount specifically designated for shelter and utilities</td> <td>\$ _____</td> </tr> <tr> <td>Other assistance—type: _____</td> <td>\$ _____</td> </tr> <tr> <td>Total Monthly Grant</td> <td>\$ _____</td> </tr> <tr> <td>Other income—Sources: _____</td> <td>\$ _____</td> </tr> <tr> <td>Maximum allowance for rent and utilities (as-paid states)</td> <td>\$ _____</td> </tr> <tr> <td>Amount of public assistance received during past 12 months</td> <td>\$ _____</td> </tr> </tbody> </table>	Public Assistance Data	Rate per Month	Number in family: _____		Aid to Families with Dependent Children	\$ _____	General Assistance	\$ _____	Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount specifically designated for shelter and utilities	\$ _____	Other assistance—type: _____	\$ _____	Total Monthly Grant	\$ _____	Other income—Sources: _____	\$ _____	Maximum allowance for rent and utilities (as-paid states)	\$ _____	Amount of public assistance received during past 12 months	\$ _____
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VERIFICATION OF DISABILITY

Complete form only if one or more household members are disabled; complete one form for each member

Disabled Applicant's Name: _____ Social Security # _____

Short description of disability: _____

A copy of one or more of the following documents must accompany your application if you are claiming disability. The name of the person(s) claiming disability must appear on the document and the document must be current.

- Social Security letter denoting disability
- Letter from appropriate court indicating disability
- Letter from a state agency indicating disability

In the event you do not have any of these documents, or if the condition is new, you may indicate below, a doctor who can certify the disability. If this is your situation, please sign, date and complete the information below.

.....

I hereby authorize the release of any information pertaining to this disability verification request.

Applicant's signature: _____ Date: _____

Please provide your physician's contact information below:

Physician's name: _____

Mailing address: _____

Telephone number(s): _____